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| Effective on 12/08/2004. | | Complete if Known | \ |
|---|----------------------|-------------------------|---|
| Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | Application Number | 10/591,333 | _ |
| FEE TRANSMITTAL | Filing Date | August 31, 2006 | _ |
| for FY 2005 | First Named Inventor | Steven Porter Hotelling | _ |
| | Examiner Name | John E. Chapman | _ |
| Applicant claims small entity status. See 37 CFR 1.27 | Art Unit | 2856 | _ |
| OTAL AMOUNT OF PAYMENT (\$) 1920.00 | Attorney Docket No. | PU040287 | |

| TOTAL AMOUNT C | JF PATMENI | (\$) 1920.0 | JU | Attorney Docket No. | F0040267 | | | / |
|---|-----------------------|-----------------------|-------------------|-----------------------------|---------------------------------------|------------------|----------------------|---|
| METHOD OF PAYMENT | (check all that ap | oply) | | | | | | |
| Customer Number | redit card [24498 | ☐ Money Ord | ler | None | Other (pleas | se identify): | | |
| Deposit Accou | nt: Deposit Acc | ount Number 07-08 | B32 | Deposit Account N | Name: <u>TH</u> | OMSON LICENSIN | IG LLC. | |
| For the above-ide | entified depos | it account, the D | irector is hereb | y authorized to: (che | ck all that apply |) | - | |
| ☐ Charge fo | . , | | | | | | t for the filing fee | , |
| ⊠ Charge a fee(s) under | | I fee(s) or unde | erpayments o | of 🔯 Credit any | overpayments | | | |
| WARNING: Information information and autho | n on this form (| may become publ | ic. Credit card i | nformation should not | t be included on t | his form. Provid | le credit card | |
| FEE CALCULATION | i | | _ | | · · · · · · · · · · · · · · · · · · · | | | _ |
| 1. BASIC FILING, SI | EARCH, AND | EXAMINATION | FEES | | | | | _ |
| , | FILING F | EES | | CH FEES | EXAMINAT | | _4!4 | |
| | | Small Entity | - (4) | Small Entity | - (4) | Small Er | | |
| Application Type | <u>Fee (\$)</u> | Fee (\$) | Fee (\$) | <u>Fee (\$)</u> | <u>Fee (\$)</u> | <u>Fee (\$)</u> | Fees Paid (\$) | |
| Utility | 300 | -150 | 500 | 250 | 200 | 100 | | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | | |
| 2. EXCESS CLAIM F | FEES | | | | | Small E | intity | |
| Fee Description | | | | | <u>Fee</u> | (\$) | Fee (\$) | |
| Each claim over 20 (incl | - | • | | | 50 | | 25 | |
| Each independent claim | • | ng Reissues) | | | 200 | | 100 | |
| Multiple dependent clair Total Claims | | tro Claima | Eac (\$) | Foo Boid (\$) | 360 | tiple Depende | 180 | |
| | or HP = | tra Claims x | <u>Fee (\$)</u> | Fee Paid (\$) | Fee | | Fee Paid (\$) | |
| HP = highest number of | | | n 20. | | 100 | 741 | 1001 010 (0) | |
| Independent Claims | <u> Ex</u> | tra Claims | Fee (\$) | Fee Paid (\$) | | | | |
| | or HP = | x | | = | | | | |
| HP = highest number of | independent cla | aims paid for, if gre | ater than 3. | | | | | |
| 3. APPLICATION SI | | | | | | | | |
| If the specification ar | nd drawings ex | ceed 100 sheets | s of paper (exc | luding electronically | filed sequence of | or computer | | |
| listings under 37 CFF sheets or fraction the | | | | | tity) for each add | litional 50 | | |
| Total Sheets | Extra Sh | eets <u>Nur</u> | mber of each | additional 50 or frac | ction thereof | Fee (\$) | Fee Paid (\$) | |
| - 100 = | | / 50 = | (rou | nd up to a whole nui | mber) x | | _ = | |
| 4. OTHER FEE(S) | | | | | | | Fees Paid (\$) | |
| Extension For Respo | | aird Month | | | | | 1110.00 | |
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| RCE Fee | | | | | | | 810.00 | |
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| SUBMITTED BY | | | | | | |
|-------------------|------------------|---------------------------------|--------|-----------|----------------|--|
| Name (Print/Type) | Vincent E. Duffy | Registration No(Attorney/Agent) | 39,964 | Telephone | (818) 480-5223 | |
| Signature | Vien | 0/1/0 | | 7 | Date: 3/09/09 | |

is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to organize, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Petert and Trademark Office, U.S. Department of Commerce, P.O. 8th 1450, Alexandrix, NA 22313-1450. DN OTS END FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. 8th 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Fees Paid (\$)

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|---|---|--|---|--|---|------------------|---------------------------------------|
| | | | | Application Number | 10/591,333 | | |
| FEE T | KAN | SIVIII | IAL | Filing Date | August 31, 20 | 006 | |
| | for FY 2 | 005 | | First Named Inventor | Steven Porter | Hotelling | |
| | | | | Examiner Name | John E. Chap | man | |
| * T | | | | | 2856 | | |
| Applicant clai | ms small entity | status. See 3 | 7 CFR 1.27 | Art Unit | 2000 | | |
| TOTAL AMOUNT | OF PAYMENT | (\$) 1920. | 00 | Attorney Docket No. | PU040287 | | |
| METHOD OF PAYMENT | (check all that app | ly) | | | | | |
| <u></u> | redit card | Money Ord | der | None | Other (plea | ase identify): | |
| □ Deposit Account □ Deposit Acc | • | | | Deposit Account N | | HOMSON LICENSI | NG LLC. |
| | • | | irector is hereb | y authorized to: (chec | | • • | |
| | fee(s) indicate | | | Charge feet | • | • | t for the filing |
| | any additional r 37 CFR 1.16 | | erpayments o | f ⊠ Credit any o | overpayment | S | |
| | | | lic. Credit card in | formation should not | be included on | this form. Provi | de credit card |
| information and author | | | | | | . • • • | |
| FEE CALCULATION | 4 | | | | | | |
| 1. BASIC FILING, S | EARCH, AND I | EXAMINATION | FEES | | - | - | |
| -,- | FILING FE | | | CH FEES | EXAMINA | TION FEES | 474 |
| A !!4! T | | | F (0) | Small Entity | F (4) | Small E | |
| Application Type | Fee (\$) | Fee (\$) | <u>Fee (\$)</u> | Fee (\$) | Fee (\$) | Fee (\$) | Fees Paid (|
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | · · · · · · · · · · · · · · · · · · · |
| Design Plant | 200 | 100 | 100 | 50 | 130 | 65 80 | |
| | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue Provisional | 300 | 150 | 500 | 250 | 600 | 300 | |
| | 200 | 100 | 0 | 0 | 0 | 0 | |
| Tovisional | | | | | | Small E | Entity |
| 2. EXCESS CLAIM | FEES | | | | | · /\$\ | Fee (\$) |
| 2. EXCESS CLAIM Fee Description | | | | | <u>Fe</u> | 2 141 | |
| 2. EXCESS CLAIM Fee Description Each claim over 20 (inc | cluding Reissues) | | | | 50 | | 25 |
| 2. EXCESS CLAIM Fee Description Each claim over 20 (inc | cluding Reissues) n over 3 (including | g Reissues) | | | 50 200 | 1 | 100 |
| EXCESS CLAIM Fee Description Each claim over 20 (inc Each independent clain Multiple dependent clain | cluding Reissues) n over 3 (including | | Eco (\$) | Foo Boid (*) | 50 200 360 |) | 100 180 |
| 2. EXCESS CLAIM Fee Description Each claim over 20 (inc Each independent clain Multiple dependent clain Total Claims | cluding Reissues) n over 3 (including ms <u>Ext</u> | n Reissues) ra Claims | Fee (\$) | Fee Paid (\$) | 50 200 360 <u>Mu</u> | Itiple Depende | 100 180 ent Claims |
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| 2. EXCESS CLAIM Fee Description Each claim over 20 (inc Each independent claim Multiple dependent claim Total Claims - 20 HP = highest number of | cluding Reissues) n over 3 (including ims Ext O or HP = of total claims paid | ra Claims x for, if greater tha | n 20. | | 50 200 360 <u>Mu</u> | Itiple Depende | 100 180 ent Claims |
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| 2. EXCESS CLAIM Fee Description Each claim over 20 (inc Each independent claim Multiple dependent claim Total Claims - 20 HP = highest number o Independent Claim - 3 HP = highest number o 3. APPLICATION S | cluding Reissues) in over 3 (including ims Ext O or HP = if total claims paid is Ext or HP = if independent clai | ra Claims x for, if greater tha ra Claims x ms paid for, if gre | Fee (\$) | Fee Paid (\$) | 50 200 360 <u>Mu</u> <u>Fee</u> | ltiple Dependo | 100 180 ent Claims |
| 2. EXCESS CLAIM Fee Description Each claim over 20 (inc Each independent claim Multiple dependent claim Total Claims - 20 HP = highest number of Independent Claim - 3 HP = highest number of 3. APPLICATION Solid the specification and | cluding Reissues) In over 3 (including ims Ext O or HP = If total claims paid or HP = If independent claims IZE FEE Ind drawings except | ra Claims x for, if greater tha ra Claims x ms paid for, if gre | Fee (\$) sater than 3. | Fee Paid (\$) uding electronically fi | 50 200 360 <u>Mu</u> <u>Fer</u> | Itiple Depende | 100 180 ent Claims |
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| 2. EXCESS CLAIM Fee Description Each claim over 20 (inc Each independent claim Multiple dependent claim Total Claims - 2(HP = highest number or Independent Claim HP = highest number or 3. APPLICATION Solid the specification and listings under 37 CF | cluding Reissues) in over 3 (including ims Ext O or HP = of total claims paid is Ext or HP = of independent clai IZE FEE nd drawings exc R 1.52(e)), the a | ra Claims x for, if greater tha ra Claims x ms paid for, if greater tha ceed 100 sheet application size S.C. 41(a)(1)(0) | Fee (\$) seater than 3. s of paper (exclude fee due is \$25; G) and 37 CFR | Fee Paid (\$) uding electronically fi | 50 200 360 Mu Fee | Itiple Depende | 100 180 ent Claims |

| SUBMITTED BY | | | | | |
|-------------------|------------------|---------------------------------|--------|-----------|----------------|
| Name (Print/Type) | Vincent E. Duffy | Registration No(Attorney/Agent) | 39,964 | Telephone | (818) 480-5223 |
| Signature | Tun | 9/1/ | | | Date: 3/09/09 |

4. OTHER FEE(S)

RCE Fee

Extension For Response Within Third Month